

Greater Horn of Africa Initiative

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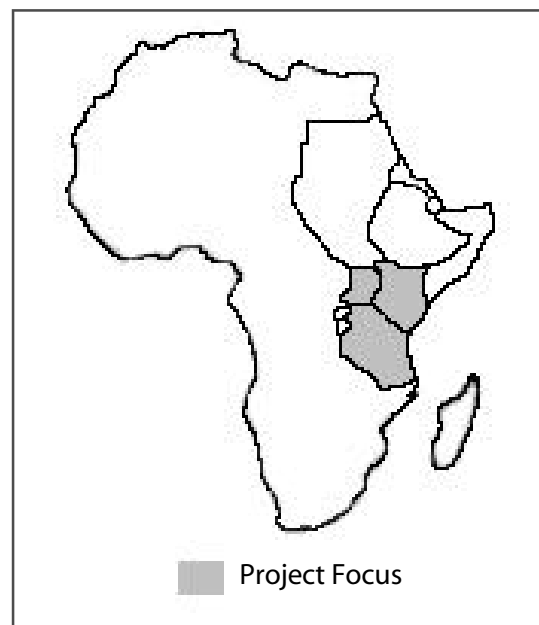
Initiative Area	Burundi, Djibouti, Eritrea, Ethiopia, Kenya, Rwanda, Somalia, Sudan, Uganda, Tanzania
Project Focus	Kenya, Tanzania, Uganda

Regional Profile

The U.S. Government, along with African states, non-governmental organizations, and international donors, launched the Greater Horn of Africa Initiative (GHAI) in 1994 to improve food security and prevent conflict in the ten-country region. The Initiative established five principles to guide program implementation: 1) ensuring African ownership, 2) promoting strategic coordination, 3) linking relief and development, 4) promoting regional approaches, and 5) assuming underlying instability in the region. In 1997, the USAID-funded LINKAGES Project was invited to participate in the Initiative to address the food utilization component of food security (availability, access, utilization). Improved infant feeding and maternal dietary practices can enhance food security in the household and prevent malnutrition.

LINKAGES has concentrated its GHAI activities in Kenya, Tanzania, and Uganda, countries where conditions enabled the project to carry out the proposed activities. The rates of malnutrition in these countries are among the highest in the world, attributable in large measure to inadequate infant feeding practices.

- ♦ In Kenya, sub-optimal breastfeeding practices contribute to an estimated 8,400 infant deaths per year. Less than 17 percent of infants are exclusively breastfed during the first four months (PROFILES, 2000).
- ♦ In Tanzania, an estimated 14 percent of acute respiratory infections and about the same proportion of diarrhea cases are due to sub-optimal breastfeeding practices among children under one year (PROFILES, 2000).
- ♦ In Uganda, 45 percent of children are stunted (low height-for-age) at two years of age and 26 percent are underweight (low weight-for-age) at five years.
- ♦ Other prevalent forms of malnutrition in the three countries are vitamin A deficiency, goiter, and iron deficiency.



Program Priorities

GHAI planning and programming meetings were organized by USAID's Regional Economic Development Services Office for East and Southern Africa (REDSO/ESA) in 1997 and 1998. Participants in the meetings included partners from Ministries of Health, private voluntary organizations, donors, and cooperating agencies. They established priorities for enhancing African capacity to implement household-level nutrition and other child survival interventions. LINKAGES is contributing to two of the priorities:

- Priority 1: Improved maternal, infant, and child nutrition with a focus on improving quality of program design and implementation.
- Priority 2: Improved use of information and advocacy to influence policies, strategies, and programs across sectors to improve nutritional outcomes.

Improving Nutrition Programming and Implementation

Through discussions with African colleagues, REDSO/ESA, USAID missions, and other Cooperating Agencies, LINKAGES helped to identify the following activities to improve the design and implementation of nutrition activities:

- ♦ Development and promotion of a health sector strategy to improve maternal and young child nutrition in Africa and

- ♦ Assessment and sharing of “better practices” in community nutrition programming in the region.

The plan of action to implement these activities was developed with two regional partners:

the Regional Centre for Quality of Health Care and the Commonwealth Regional Health Community Secretariat. The GHAI principles of African ownership and strategic coordination are features of the plan.

GHAI Health Sector Strategy to Improve Infant and Maternal Nutrition	
Essential Actions	Ten Priority Outcomes
<p>The Health Sector Strategy adapts and builds on the one developed by the BASICS Project in 1997. The strategy focuses on a package of essential actions at the health facility and community levels to improve the nutrition of pregnant and lactating women and children under two years of age. Other components of the strategy include quality assurance, monitoring and evaluation, capacity building, and advocacy.</p> <p>The essential actions, detailed in tools and papers developed for the strategy, are based on existing evidence of their feasibility and effectiveness in improving child and maternal survival, health, and nutrition. They can occur during six service delivery contact points (antenatal, delivery and immediate postpartum, postnatal, well-baby and immunization, sick child, and family planning).</p> <p>To guide and remind health care providers of these actions, LINKAGES supported the development of a wall chart and nutrition job aids for regions with high and low HIV prevalence. Six orientation modules (one for each health sector contact point) will soon be available to inform, prepare, and motivate health workers to implement these actions. Each module can be completed in 2 to 2½ days.</p>	<p>The objective of the essential actions is to achieve ten priority outcomes to improve infant, young child, and maternal nutrition.</p> <ol style="list-style-type: none"> 1. Reduction of malaria infection in pregnant women in endemic areas 2. Reduction of hookworm infection in pregnant women in endemic areas 3. Adequate food intake during pregnancy and lactation 4. Adequate micronutrient intake (particularly iron) during pregnancy and lactation 5. Exclusive breastfeeding for about the first six months 6. Adequate complementary feeding starting at about six months, along with continued breastfeeding to 24 months and beyond 7. Adequate intake of iodine (iodized salt) by all members of the household 8. Adequate intake of vitamin A by all women, infants, and young children 9. Appropriate nutritional care of sick and malnourished children 10. Birth spacing of three years or longer

Education and Technical Assistance

LINKAGES supports the Nutrition and Child Health Advisor and various nutrition initiatives at the Regional Centre for Quality of Health Care (RCQHC). The Centre, housed within the Institute of Public Health at Makerere University in Kampala, Uganda, offers a series of short-term courses on improving quality of care as well as a Graduate Diploma program.

RCQHC played a major role in the development of the health sector strategy to improve infant and maternal nutrition (see box) and is now actively promoting it in the Greater Horn of Africa. The strategy serves as a basis for a five-day course titled “Improving Quality of Health Ser-

vices: The Essentials for Maternal and Child Nutrition” developed by LINKAGES and the RCQHC. The Centre offered this course for the first time in August 2000. Twenty-two people from nine countries participated. They reviewed nutrition problems in their countries and the region, discussed steps for integrating health sector actions into existing systems and programs, shared experiences in nutrition programming, and identified practices to strengthen their programs.

In addition to coordinating and developing the nutrition essentials course, the Nutrition and Child Health Advisor of the RCQHC serves as a regional resource for nutrition activities. Techni-

cal assistance has been provided to five countries in the areas of advocacy, community nutrition programming, and HIV/AIDS and nutrition. In November 2000, the Advisor organized a study tour to Madagascar for nine persons from three countries. Seven on the tour had participated in the nutrition essentials short course. Ten districts in Madagascar are implementing a similar health sector strategy for young child and maternal nutrition.

Better Practices Assessment

LINKAGES collaborated with African organizations, institutions, and professionals in Kenya, Uganda, and Tanzania to identify “better practices” in community nutrition programs that have led to positive nutrition outcomes. A “better practice” is one that can be institutionalized, yields measurable results, and is both feasible and replicable. The process involved in preparing and conducting the better practices assessments was designed to utilize regional resources and expertise, link organizations, rejuvenate national nutrition planning, and strengthen institutional capacity in nutrition program assessment and advocacy.

LINKAGES contracted with the Program for Applied Technologies in Health (PATH)/Kenya, the African Medical Research Foundation (AMREF)/Uganda, and the Tanzania Food and Nutrition Centre (TFNC)/Tanzania to coordinate the process in their respective countries. PATH, AMREF, and TFNC participated in a four-day orientation and methodology meeting in Nairobi in July 1999. Following this meeting, they established national Nutrition Coalitions with key nutrition stakeholders from government, academia, donors, and non-governmental organizations. One of the first tasks of the Nutrition Core Group in Uganda, the Kenya Coalition for Action in Nutrition, and the National Consultative Group in Tanzania was to compile an inventory of community nutrition programs and to identify the most successful ones for review during the assessment.

Together with members of the coalitions, PATH, AMREF, and TFNC each undertook three field assessments of successful community nutrition programs. In May 2000, they met with the Nutrition Coalitions in their respective countries to share the assessment findings. A final document will be disseminated to nutrition policy makers, planners, and program managers describing the programs and synthesizing lessons learned.

Improving Use of Information and Advocacy

The nutrition programming component of GHAI is closely linked with the information and advocacy component. LINKAGES is helping to improve the use of information to raise awareness, articulate nutrition priorities, formulate policy, and promote “better practices.”

Nutrition Policy Analysis and Advocacy

Lack of recognition of nutrition’s importance as a development issue by policy makers, planners, and the general public is a major constraint to improved nutrition in the region. To address this problem, in May 1999 LINKAGES and the Commonwealth Regional Health Community Secretariat (CRHCS) for East, Central, and Southern Africa organized a ten-day nutrition advocacy workshop in Arusha, Tanzania. Fourteen nutritionists, health professionals, and health planners from Kenya, Tanzania, Uganda, Eritrea, and Ethiopia were introduced to PROFILES.

PROFILES is a nutrition advocacy process designed to demonstrate the contribution that improved nutrition can make to human and economic development. PROFILES uses country-specific data and interactive computer-based models to project the consequences of sub-optimal breastfeeding practices and inadequate dietary practices on mortality, illness, health care costs, and fertility.

During the Arusha workshop, each country team analyzed the data to develop an advocacy presentation and to outline plans for national advocacy strategies. These strategies included similar PROFILES training during two-week national advocacy workshops. LINKAGES facilitated the following workshops, with 10 to 17 participants at each workshop.

- ♦ Kenya, March 2000, with the RCQHC as co-facilitator
- ♦ Uganda, June 2000, with the RCQHC and AMREF as co-facilitators
- ♦ Tanzania, September 2000, with the Tanzania Food and Nutrition Centre as co-facilitator

During the workshops, groups representing different sectors (health, education, and agriculture) developed sectoral advocacy strategies and then aggregated them into a set of common advocacy objectives. Many of the workshop participants were members of the Nutrition Coalitions.

LINKAGES is supporting the Nutrition Coalitions to use their advocacy strategies to also promote “better practices.” The coalitions continue to meet on a regular basis to discuss relevant, timely issues and to plan nutrition advocacy activities.

Information Dissemination

Regional conferences and meetings of the Nutrition Coalitions offer a venue to disseminate tools and materials and to share information on “better practices,” nutrition advocacy, HIV and infant feeding, and the health sector strategy. In October 1999, LINKAGES collaborated with CRHCS in developing presentations for the Regional Health Ministers’ meeting in the Seychelles. The February 2000 Regional Quality of Health Care Network Conference in Entebbe, Uganda, organized by REDSO/ESA, provided another opportunity to share technical and programmatic updates. Approximately 225 decision makers and practitioners from 17 African countries attended the conference.

Information exchange can also take place through “virtual meetings,” e-mail, and websites.

LINKAGES conducted a study on the feasibility of connecting nutrition groups in Kenya, Tanzania, and Uganda through electronic networking. Of the 37 nutrition and health-related institutions surveyed, only 56 percent belong to a forum or network that formally exchanges information. Sixty percent of those belonging to such a network use electronic as well as traditional channels of communication. Other findings are currently under review, with a report expected in 2001.

In sum, LINKAGES has served as a catalyst for nutrition activities in the Greater Horn of Africa by working closely with African partners. LINKAGES and its partners are contributing to the food objectives of the region by:

- ♦ mobilizing the Nutrition Coalitions,
- ♦ focusing attention on health sector actions to improve nutrition,
- ♦ promoting “better practices,” and
- ♦ strengthening institutional capacity in nutrition advocacy.

LINKAGES is a USAID-funded global program providing technical assistance to organizations promoting breastfeeding. LINKAGES supports comprehensive country activities to improve exclusive breastfeeding rates and related complementary feeding and maternal dietary practices and to extend the offering of the Lactational Amenorrhea Method as an effective, modern method of contraception.

LINKAGES is managed by the Academy for Educational Development, which jointly provides technical leadership and program direction with La Leche League International, Population Services International, and Wellstart International. CARE, Catholic Relief Services, and World Vision, as well as national and local governmental and non-governmental organizations, work with LINKAGES to initiate technical and program applications at the country level. Tools used by LINKAGES and partners include a results-oriented behavior change methodology, training modules for health care providers and community workers, mother-to-mother support groups, social marketing strategies, policy analysis and advocacy materials, and monitoring and evaluation instruments.

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